FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-0076							
Expires:							
Estimated average burden							
hours per response 16.00							

SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Navigant Consulting, Inc. (the "Issuer") Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 46	6) ULOE RECEIVED
Type of Filing:	
	1441 0 2 2000
A. BASIC IDENTIFICATION DATA	JAN 3 3 2007
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	(A) 161 (E)
Navigant Consulting, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
615 North Wabash Avenue, Chicago, IL 60611	312-573-5600
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
same as above	same as above
Brief Description of Business	<u>' </u>
Navigant Consulting, Inc. is a management consulting firm to Fortune 500 and other compinstitutions and regulated industries	panies, government agencies, law firms, financial
Type of Business Organization	
corporation limited partnership, already formed other	(please specify):
business trust limited partnership, to be formed	
Month Year	→ PROCESSED
	stimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St	·
CN for Canada; FN for other foreign jurisdiction)	JAN 2 C 2007
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GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information re			A. DAGLE IDE	217.111	ICATION DATA	· ·	**		
Each promoter of t	•	Ŭ	en organized w	ithin t	he past five years;				
•					• •	of, 10	% or more o	of a clas	s of equity securities of the issuer.
Each executive offi	cer and director of	fcorporate	issuers and of	corpo	rate general and man	aging	partners of	f partne	rship issuers; and
 Each general and n 	nanaging partner o	f partnersh	ip issuers.		Ü		•	•	• ,
Check Box(es) that Apply:	Promoter		eficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Goodyear, William M.	f individual)								
Business or Residence Addre 615 North Wabash Aven		-	y, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	Ben-	eficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Perks, Ben W.	f individual)				· · ·				
Business or Residence Addre			y, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	☐ Ben	eficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Fischer, Richard X.	f individual)	· ,			•				
Business or Residence Addre	ss (Number and	Street, Cit	y, State, Zip Co	ode)					
615 North Wabash Avenu	ie, Chicago, IL	60611							
Check Box(es) that Apply:	Promoter	☐ Ben	eficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Howard, Julie M.									
Business or Residence Addre 615 North Wabash Aven			y, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		eficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Gildehaus, Thomas A.	f individual)	- 							
Business or Residence Addre	ss (Number and	Street, Cit	y, State, Zip Ci	ode)					
615 North Wabash Aven	ue, Chicago, IL	60611							
Check Box(es) that Apply:	Promoter	☐ Ben	eficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Jarrett, Valerie B.	f individual)								
Business or Residence Address 350 West Hubbard Street			y, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Веп	eficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Pond, Peter B.	f individual)								
Business or Residence Addre 615 North Wabash Aven			y, State, Zip C	ode)			•	-	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

A. BASIC IDENTIFICATION DATA	10 . 1 . 1.5	
2. Enter the information requested for the following:		
Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition or	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and management.		• •
Each general and managing partner of partnership issuers.		•
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Skinner, Samuel K.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Greenberg Traurig, LLP, 77 West Wacker Drive, Suite 2500, Chicago, IL 60601		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Thompson, James R.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
615 North Wabash Avenue, Chicago, IL 60611		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

	والمراجع	-		B. I	NFORMAT	ION ABOU	T OFFERI	NG .				
I. Has th	e issuer solo	d, or does t	he issuer i	ntend to se	ll to non-a	ccredited i	nvectors in	thic offer			Yes	No
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									*************************		X
2. What i	-										\$	
											Yes	No
	g , j w a state unit											X
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name of Not application		first, if ind	ividual)		-			-				
Business or	Residence	Address (N	lumber and	Street, C	ity, State, 2	Zip Code)			·	<u>-</u> -		
Name of As	sociated Rr	oker or De	aler		···.		· · ·			· .		
States in W												
(Check	"All States	or check	individual	States)			*************************	************	**		☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	Full Name (Last name first, if individual)											
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	-					
Name of As	ssociated Br	oker or De	aler					- 				
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	 					····
	"All States							•••••			☐ Al	States
AL	[AK]	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HL	[ID]
TL NATE	NE)	IA.	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	(OK) (WI)	OR WY	PA
Full Name (PR
Business o	r Residence	Address (N	Jumber an	d Street C	Situ State	Zin Coda)				-		
				a succe, c	nty, State,	cip code)						
Name of As	sociated Br	oker or Dea	aler			-	<u> </u>				•	.,~
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	·					
(Check "All States" or check individual States)										☐ All	States	
IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	0.00		s 0.00
	Equity	980,582.0	<u> </u>	\$ 980,582.00
	✓ Common ☐ Preferred			*
	Convertible Securities (including warrants)	s 0.00		0.00 \$
	Partnership Interests	· ———		§ 0.00
	Other (Specify)			\$ 0.00
	Total		0	§ 980,582.00
	Answer also in Appendix, Column 3, if filing under ULOE.	* <u></u>		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors			\$ 980,582.00
	Non-accredited Investors	0		\$_0.00
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		П	\$
	Printing and Engraving Costs			\$
	Legal Fees			\$
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			¢

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	· · ·			
ŀ.	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	· · · · · · · · · · · · · · · · · · ·
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	ring price given in response to Part C — Question 1 - Question 4.a. This difference is the "adjusted gross		s 980,582.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par			
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[\$. 🗆 \$
	Purchase of real estate		 \$. []\$
	Purchase, rental or leasing and installation of mag	chinery [
	Construction or leasing of plant buildings and fac-	cilities	 ¬\$	
	Acquisition of other businesses (including the va- offering that may be used in exchange for the ass-	lue of securities involved in this		
	Repayment of indebtedness			\$ 555,552.55
	Working capital		_j	. 🗆 \$
	Other (specify):		┙ 。	. L 2
			_	. 🔲 ᠯ
] \$. 🗆 \$
	Column Totals		\$ <u>0.00</u>	980,582.00
	Total Payments Listed (column totals added)			30,582.00
•	The state of the s	D. FEDERAL SIGNATURE		
l he sigr	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice	is filed under Ru	le 505, the following n request of its staff
	er (Print or Type)	Signature	Date	
Na	vigant Consulting, Inc.		January 18, 200	7
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
effi	ey H. Stoecklein	Vice President, Corporate Development		
		<u> </u>		

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)